

PACIFIC PULSE



November 2014

U.S. Naval Hospital Guam

Motorcycle 10
Safety Program *pg.*

Let's
Talk *pg.* 7

Turkey

You Can
Be Free *pg.* 21

MEET THE OB CLINIC
MANAGER *pg.* 12

SPOT LIGHT ON:
Hospitalman Ryan Conrad
pg. 8

You Can
Be Free!

pg. 21

Career
Development
Boards

pg. 18

U.S. Naval Hospital Guam
Medical Corps Sets the Course



Pacific Pulse

Pacific Pulse
Official Publication of U.S. Naval Hospital Guam
Vol. 1 Issue 5
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Pacific Pulse is a professional publication of U.S. Naval Hospital Guam. Its purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

Guidelines for Submissions:

This publication is electronically published monthly. Please contact Jennifer Zingalie at jennifer.zingalie@med.navy.mil for deadline of present issue.

Submission requirements:

Articles should be between 300 to 1000 words and present the active voice.

Photos should be a minimum of 300 dpi (action shots preferred)
NO BADGES

Subjects considered:

Feature articles (shipmates and civilians)
Quality of Care
R&D/Innovations
Missions/Significant Events
Community Outreach

On the cover:

You can be free! (see page 21) Tobacco use is the leading cause of preventable and premature deaths in this country. Results of the 2013 Fleet and Marine Corps Health Risk Assessment indicated that 24 percent of active duty Sailors and 32 percent of Marines indicated they were current smokers (smoked every day, most days, or some days) while 9 percent of Sailors and 22 percent of Marines indicated they use smokeless tobacco every day, most days or some days. However, numerous surveys indicate that more than 50 percent of current tobacco users want to quit. In addition, emerging products such as e-cigarettes are becoming increasingly popular due to lower cost, the perception that these products are less harmful than traditional tobacco products, and the ability to use the products in some locations where traditional tobacco products are not allowed (see page 23).

Inside this Issue:

8. SPOTLIGHT: HN Conrad
10. Kick Stands Up: Motorcycle Safety
12. Meet OB Clinic Manager: Lt. Cmdr. Louis
12. Holiday Tips: Food Storage
16. Flu Season: Get the Facts
18. Career Development Boards: USNH Guam
Medical Corps Sets the Course
21. You Can Be Free
23. Plug Into the Facts on E-Cigarettes
24. Leftover Ideas: Eve's Turkey Tetrazzini

On the Web:

Thank you for taking the time to rate and provide us with your comments and suggestions.

ICE

http://ice.disa.mil/index.cfm?fa=site&site_id=169&dep=DoD



<http://www.med.navy.mil/sites/usnhguam/Pages/default.aspx>



https://www.facebook.com/USNHGUAM?ref=tn_tnmn



Commanding Officer **Capt. Jeannie Comlish** *Readiness*

Hafa Adai Naval Hospital Guam Team! November is the month set aside to celebrate Thanksgiving.

When you think about it, we have so many things to be thankful for, starting with our freedom. One needs only to follow world news to realize other countries may not enjoy those same freedoms nor have it as good as we do. So we first recognize November 11th with grateful thanks to our Veterans, those who have served around the globe to support and defend our nation. There are more than 20 million veterans in America, all of which have sacrificed their time, missed birthdays, anniversaries, holidays, and other special moments. Still others have given their lives for our great nation, the ultimate sacrifice. Here on Guam, there is a strong history of the local population fighting alongside military members to secure the island's liberation and maintain its freedom. We are grateful for their service as well.

Although some of you may be too young to remember a few famous veterans, at least two had ties to Guam. Johnny Carson of late night TV fame, enlisted in the Navy and was subsequently commissioned an Ensign late in World War II. He was assigned to the USS Pennsylvania in the Pacific, but arrived after the ship had been torpedoed, and ended up sailing with the damaged ship to Guam. He was the newest and most junior officer and was assigned to supervise the removal of 20 dead sailors, a job which most likely brought him in contact with our Naval Hospital personnel. Montel Williams, another

host of his own television show, enlisted as a Marine and was initially stationed at 29 Palms. He ended up going to the Naval Academy and was actually the first African American male to enlist as a Marine but graduate both the Naval Academy Prep School and Annapolis. Guess where his first assignment was as a new cryptologic officer? You guessed it- GUAM!

Although the rest of us may not be famous (well, not yet anyway), there are plenty of things for which to be proud and thankful. I, for one am thankful for my Navy and hospital family here while I am away from my mom, brothers and sister, and fiancé. I am thankful for the tremendous group of professionals who I am blessed to work with daily. I am thankful for the opportunities the beautiful island of Guam presents to all of us, and the warm kind-hearted people of Guam who make us feel at home. There are so many other things I am thankful for, but the list would fill up the rest of this issue of Pacific Pulse, so I will end here.

To everyone this month, I am grateful for your hard work and dedication. Since we updated our Command's "wildly important goal" of focusing on our vision of "Leading Navy Medicine in Quality Patient-Centered Care," we have moved into one of the top three places in Healthcare Effectiveness Data and Information Set (HEDIS) quality metrics, decreased purchase care costs, and improved overall readiness. I am thankful and proud of everyone's focused efforts on becoming a High Reliability Organization. As always, it is an honor to serve with you!



Executive Officer **Capt. Mike McGinnis** *Value*

Hafa adai Dream Team! I hope that you are having a great November.

Hard to believe Halloween has come and gone and Thanksgiving is right around the corner. November has another important holiday that we all enjoy – Veteran's day. I hope that you were able to celebrate this special day with friends and family as the vast majority of you are veterans too. This day helps us reflect on our collective service and remember the sacrifices made by our current generation and those who have gone before us in serving our country and defending our national interests.

Here in Guam our command serves a special role as being the island's veteran's hospital. We see our veterans on a referral basis in our outpatient clinics and we care for all veterans requiring inpatient care. Our veterans are a medically complex group. Our ICU stays are disproportionately veterans. Our aging veteran population contributes to the unique complex medical challenges we face in both the outpatient and inpatient settings.

We have a close relationship with the Veterans Health Administration community based outpatient clinic (CBOC) outside our gate. Their physicians and case managers participate regularly with our inpatient multidisciplinary rounds. We work collaboratively to ensure we're giving high quality care for our veterans. Our vets value their healthcare benefit and the care we give at U.S. Naval Hospital Guam. Cmdr. Clark and I recently attended a veterans' symposium hosted by GovGuam and the vets passionate appreciation for their healthcare came across loud and clear.

In our day to day operations, let's never lose sight of our special mission, providing care to the most deserving of Americans. Keep our patients in the center of your decision making. Take the extra step to make the patient's experience extraordinary. Veterans are a special part of our patient mix and we're fortunate to be part of this caring relationship on island!

Thanks for all that you do for our patients and Navy Medicine. Have a great November!



Command Master Chief Robert Burton

Jointness

During the month of November we celebrate Thanksgiving, Native American Heritage and honor our Veterans. On November 11th we remember those who have served in defense of the Nation, both past and present. There are more than 20 million veterans in America. As member of the active duty, we are also honored as part of this day celebrated as a Holiday in the U.S.A. since 1954. However, we sometimes forget that this we will all get out of the service and join the ranks of the veterans as someone else takes our place answer the call and pay the price for the old adage "freedom is not free."

Veterans are a fascinating link to our past. The last official veteran of the revolutionary war, Lamuel Cook, lived to see the end of the Civil War, passing in 1866. The last Civil War veteran, Albert Woolson of the Union, lived to see the completion of the both World Wars, passing in 1956. When I was young, I remember attending a VFW dance and meeting a large number of World War I veterans. The last veteran of that war, Fred Buckles, passed in 2011. These men defended the Nation and witnessed tremendous change. Today, we have women defending the Nation as well and some-

day in the future, one of them will be the last surviving veteran or some war or conflict.

Recently I got to travel to Pearl Harbor for Sailor of the Year competition with HM1 Vegamore of USNH Guam, our Sailor of the year. We got to visit the site of the USS Utah wreckage, the grounding of the USS Nevada on Hospital Point, and finally, the USS Arizona Memorial. Each visit to the Arizona memorial, reminds me of a teacher I had in rural Missouri in the early 1980's. Her name was Miss Abercrombie and she was a silver haired lady, who carried herself with a certain distinction. One early December, she told us about how her, her sisters and her Mother we listening to the radio on December 7th, 1941 and they were crying over news of the explosion of the USS Arizona. Her older brother was a member of the crew. The list of names of the crew still aboard is lengthy, but the second name on the list is S.A. Abercrombie, S1c. There are still a few serving veterans of her crew. Those surviving crew members can choose to join their shipmates from that fatefully day.

Stay safe and have a Great Thanksgiving with family or friends.

HAPPY *Turkey* Day



On the fourth Thursday of November, Americans celebrate Thanksgiving, a national holiday honoring the early settlers and their harvest feast known as the first Thanksgiving. Although prayers and thanks were probably offered at the 1621 harvest gathering, the first recorded religious Thanksgiving Day in Plymouth happened two years later in 1623. On this occasion, the colonists gave thanks to God for rain after a two-month drought. In the 19th century, the modern Thanksgiving holiday started to take shape. In 1846, Sarah Josepha Hale, editor of a magazine called *Godley's Lady's Book*, campaigned for an annual national thanksgiving holiday after a passage about the harvest gathering of 1621 was discovered and incorrectly labeled as the first Thanksgiving. It wasn't until 1863, when President Abraham Lincoln declared two national Thanksgivings; one in August to commemorate the Battle of Gettysburg and the other in November to give thanks for "general blessings." The peace between the Native Americans and settlers lasted for only a generation. The Wampanoag people do not share in the popular reverence for the traditional New England Thanksgiving. For them, the holiday is a reminder of betrayal and bloodshed. Since 1970, many native people have gathered at the statue of Massasoit in Plymouth, Massachusetts each Thanksgiving Day to remember their ancestors and the strength of the Wampanoag.

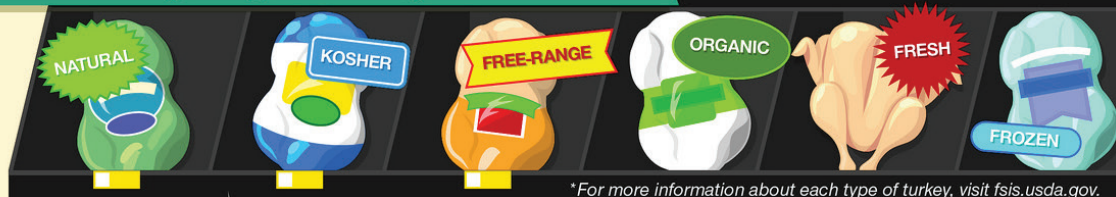




LET'S TALK TURKEY

Unsafe handling and under-cooking your holiday bird can cause foodborne illnesses. Here are a few tips from the USDA to keep your Thanksgiving safe and delicious!

Types of turkeys regulated by the USDA:



*For more information about each type of turkey, visit fsis.usda.gov.

3 WAYS TO THAW

While frozen, a turkey is safe indefinitely. As soon as it begins to thaw, bacteria that may have been present before freezing will begin to grow again. Here are three ways to safely thaw your bird:

Refrigerator:

Safe to store the turkey for another 1 – 2 days in the refrigerator.

This is the USDA recommended thawing method.

How to thaw:

Allow approximately 24 hrs. for every 4-5lbs of bird.

Cold water:

Cook immediately after thawing.

How to thaw:

Submerge the bird in cold water & change every 30 mins.

Microwave:

Cook immediately after thawing.

How to thaw:

Use defrost function based on weight

For more information on safe thawing methods, visit fsis.usda.gov

DID YOU KNOW?

It's safe to cook a frozen turkey though cooking time will be 50% longer!

Clean

Wash your hands for 20 seconds with soap and warm water.

Utensils
Plates
Countertops
Cutting boards

SHOULD ALSO BE WASHED

Bacteria, which can be present inside and outside a turkey, can't be washed off the bird! **Cooking is the only way to destroy this potentially dangerous bacteria.**

SO DON'T WASH YOUR TURKEY!!

SEPARATE

Separate raw turkey from fresh food, and use separate cutting boards, plates, and utensils.

Keep dishes that touch raw food separate, too!

Wash items that touch raw meat with soap and warm water.

COOK

Your bird is not safe until it reaches 165 °F — you cannot tell by the color.

Remember to ensure any stuffing cooked with the bird reaches 165 °F, too!

Use three places to check the temperature.

Thickest part of breast
Innermost part of wing
Innermost part of thigh

When turkey is removed from the oven, let it stand 20 minutes before carving to allow juices to settle.

CHILL

Take your time around the dinner table, but refrigerate leftovers within 2 hours!

Safe in fridge
3-4 days

Safe frozen,
but use within 2-6 months for best quality.

Last day Thanksgiving leftovers are safe from the fridge.

Leftover turkey should be cut into smaller pieces, and store items separately in smaller containers.

Be sure to pack leftovers in a cooler if traveling.

Reheat thoroughly to a temperature of 165 °F.

Remember, bacteria that cause foodborne illnesses can't be smelled or tasted!

FOR MORE INFORMATION:

Visit foodsafety.gov

If you have a specific question, call the **USDA Meat and Poultry Hotline** at 1-888-MPHOTLINE or visit AskKaren.gov. Visit PregunteleAKaren.gov for questions in Spanish.



In 1785 Thomas Jefferson wrote, “Cultivators of the earth are the most valuable citizens; they are the most vigorous, the most independent, the most virtuous, and they are tied to their country and wedded to its liberty and interests by the most lasting bonds.” Less than 2% of Americans are farmers and an even smaller percent join the military (approximately .5%).

As a member of those small percentages, Hospital Corpsman Ryan Conrad grew up on a Black Angus farm in the small town of Trenton, TX, where the population is approximately 600 people. Although farming is in his family, when it came time for graduation he wasn’t sure what he wanted to do. Although he considered the Texas Rangers he soon decided to join the U.S. Navy.

At first Conrad wanted to work for the Navy as a Master-at-Arms. Then he heard about the Corpsman rate and learned he could be stationed with the Marines. This peaked his interest and eventually he found himself in Corps school and then at a second school in Camp Le-

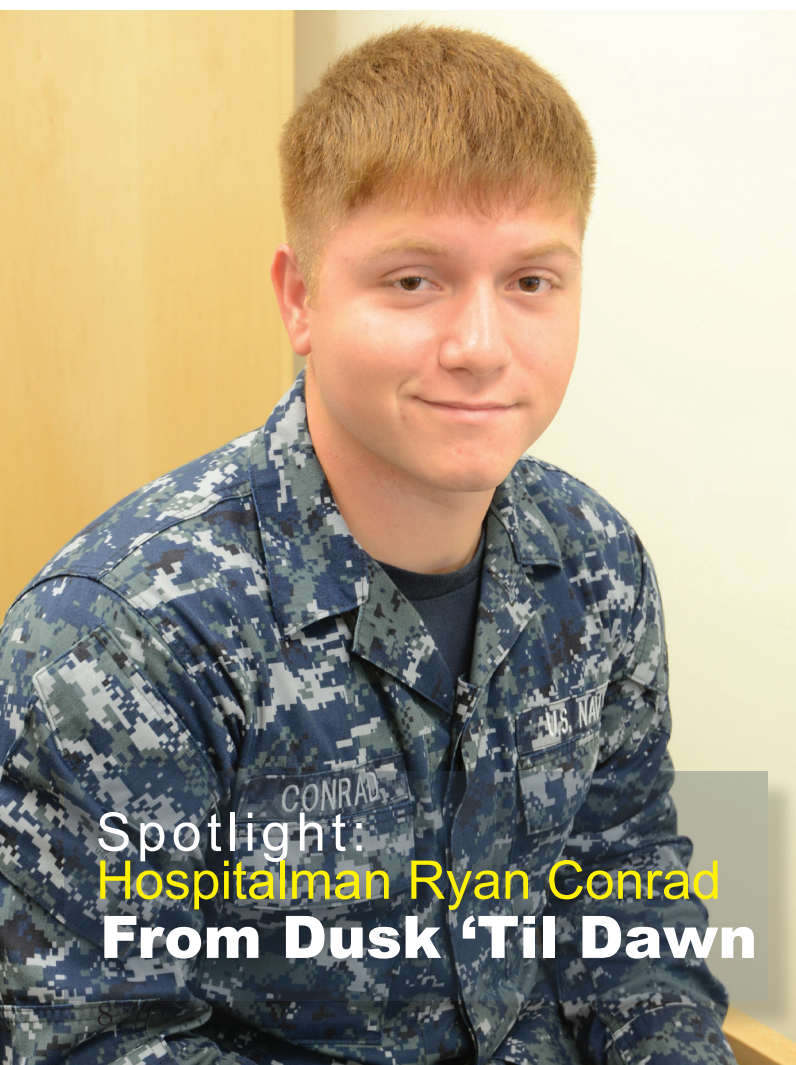
jeune where he attended field medical training. There he learned about the Marine ways and their history. Shortly after his training it was time for his first duty station. He requested an overseas billet and was sent to U.S. Naval Hospital Guam.

At the hospital, Conrad works in Family Medicine where he helps check patients in and looks after active duty patients that come in sick (known at one time as sick call). Conrad said he enjoys the experience he receives from working in the Family Medicine clinic. He knows it is building and enhancing his skills for one day when he finds himself embedded with the Marines, where he will not only need to know what Marines do but how to care for them.

When Conrad first joined the Navy he had not been considering college, in fact he wasn’t sure he wanted to go at all. But working in healthcare inspired his interest in the Navy’s Physician’s Assistant program or a program with the Medical Corps, and he said now he is more prepared to pursue college.

A self-proclaimed A-type personality, and according to Conrad’s Assistant Leading Petty Officer, Hospital Corpsman Second Class Sarah Schreiber, “Conrad goes above and beyond in his work space often staying later to help his Shipmates complete clinical tasks. He continuously demonstrates an eagerness to learn and develop himself personally and professionally.” Conrad admits he is motivated. He is also very particular about how he cares for patients ensuring patient rooms are set up in a specific way. When he documents patient information, attention to detail is very important to him, especially, he said, when people’s lives are in his hands.

Conrad also participates in several collateral duties which include the Chemical, Biological, Radiological and Nuclear Emergency (CBRNE) team as well as the Color Guard which he said he enjoys a lot. Although these days he isn’t working from sun up to sun down he believes the values and hard work he gained growing up on a farm have stuck with him. He said is prepared for the challenges ahead and knows anything can happen on any given day—except for maybe, having to chase down a calf, a story only he can share, if one ever has the opportunity to be cared for by him.



Spotlight:
Hospitalman Ryan Conrad
From Dusk ‘Til Dawn

GET ON THE PATH TO A HEALTHIER YOU! IF YOU QUIT SMOKING RIGHT NOW:

After 15 years

Your risk of coronary heart disease is the same as a non-smoker's

After 10 years

You are half as likely to die from lung cancer. Your risk of larynx or pancreatic cancer decreases

After 5 years

Your risk of cancer of the mouth, throat, esophagus, and bladder are cut in half

After 1 year

Your risk of coronary heart disease is cut in half

Within 9 months

You will cough less and breathe easier

Within 3 months

Your circulation and lung function improves

Within 12 hours

The carbon monoxide level in your blood drops to normal

Within 20 minutes

Your heart rate and blood pressure drop

1 Effect of smoking on arterial stiffness and pulse pressure amplification, Mahmud A, Feely J. Hypertension. 2003;41:183

2 US Surgeon General's Report, 1988, p. 202

3 US Surgeon General's Report, 1990, pp.193, 194,196, 285, 323

4 US Surgeon General's Report, 1990, pp. 285-287, 304

5 US Surgeon General's Report, 2010, p. 359

6 A Report of the Surgeon General: How Tobacco Smoke Causes Disease – The Biology and Behavioral Basis for Smoking-Attributable Disease Fact Sheet, 2010; and Tobacco Control: Reversal of Risk After Quitting Smoking. IARC Handbooks of Cancer Prevention, Vol. 11. 2007, p 341

7 A Report of the Surgeon General: How Tobacco Smoke Causes Disease – The Biology and Behavioral Basis for Smoking-Attributable Disease Fact Sheet, 2010; and US Surgeon General's Report, 1990, pp. vi, 155, 165

8 Tobacco Control: Reversal of Risk After Quitting Smoking. IARC Handbooks of Cancer Prevention, Vol. 11. 2007, p 11




www.BeTobaccoFree.gov

Kick Stands Up

U.S. Naval Hospital Guam Motorcycle Safety Program

Written by: Lt. Mark Peugeot, Ph.D., a Licensed Clinical Psychologist at U.S. Naval Hospital Guam





During the month of September, motorcycle riders from U.S. Naval Hospital (USNH) Guam, with full gas tanks, tire pressure checked, and chains and drive belts thoroughly inspected, embarked on the “*End of Summer Motorcycle Mentorship Ride*”. Although the event was the first of its kind for 2014, it demonstrated the commitment the new command motorcycle safety representatives have to ensure knowledge about Guam’s unique road and traffic conditions are shared with other riders in the command. Nearly a third of the active riders in the command participated in support of the ride.

Despite their common passion, Motorcyclists are a diverse group and USNH Guam’s riders proved to be no exception. Sport bikes and cruisers were both well represented and likewise riders were represented with rider skill levels ranging from beginner to very experienced riders. All shared valuable experiences and local riding gouge gained from their own unique perspective. The benefits of the ride were anything but intangible. Participants noted that it helped to develop a sense of community, build on their riding skills, and increase their knowledge of motorcycle maintenance.

The riders also found time to interact with

other members of the command they do not routinely interact with. One rider stated, “Getting to ride with Master Chief Burton and Mr. Brown (Navel Base Guam Traffic Safety Manager) was a great experience.” Another rider said, “We were blessed with their knowledge of the roadways from both riders’ prospective and a safety manager, which for all riders, is of most importance.” Although the riders ended up facing an intense rainstorm at the end of the day, safety prevailed. All who participated were able to return home safely despite the rapidly changing and challenging road conditions seen that day.

USNH Guam’s Motorcycle Safety Program plans on conducting more “mentorship rides” and continues to reach out to riders both in the command and outside the command to promote the important skills that help keep riders alive. Motorcycle riding skills are perishable, and if not used, they can be lost. Potential loss from skill degradation can be at great cost to the service member, the hospital, and the U.S. Navy.

Riders should not allow their skills to fade, and the riders of the USNH Guam’s Motorcycle Safety Program invite all riders to join them for their next event which will be coming in early December.

As the clinic manager of the Obstetrics / Gynecology (OB/GYN) clinic, my top priority is to ensure we are using the best ideas and processes for women's health. Our departmental mission is to Educate, Empower and Encourage women to "Lean In" to their best healthcare.

We are a referral based clinic providing two basic services- obstetrics and gynecological care. These services are also offered through the primary care provider at the Family Medical Homeport, the Branch Medical Homeport, and the 36th Medical Group (MGD) Women's Health Clinic at Andersen Air Force Base. Although our beneficiaries have the opportunity to get routine health services from one of three locations, the Women's Healthcare team collaborates with one another to ensure standardized quality care is always provided.

Patient safety is one of our top priorities and communication is one sure way to achieve it. Our biggest example of this collaboration and teamwork is demonstrated through our management of pregnant women during a typhoon. This year has been a busy season; the typhoon protocol was activated at least three times. Lessons learned were identified within our facility and also by listening to the concerns of our patients. We are working diligently to revise policy to reflect these lessons.

Pregnant patients should know, regardless of where patients receive their OB care, information about their pregnancy is centrally stored on a secure database. In the event of a typhoon or natural disaster, the patient will receive a phone call from the healthcare team with specific guidance and recommendations if she is at least 38 weeks pregnant or identified by an obstetrician to come in for sheltering at the hospital during a typhoon.

Our clinic staff has also developed several initiatives over the last year to better serve our population. For instance, in our Obstetrics service, we implemented a screening and education campaign for immunizations recommended during pregnancy to prevent specific

illnesses such as influenza virus and pertussis, commonly known as whooping cough. This project ensured all of our pregnant patients were screened for the Tdap and Flu vaccines and the number of women who received their these improved greatly over the six months we ran the campaign.

Currently, the clinic is screening all of our patients' immunization status for human papilloma virus (HPV). This vaccine works to prevent genital warts, a sexually transmitted infection and certain types of cervical cancers. It is available for both males and females, ages nine to 26 years of age. We actively promote this information with our patients and their significant other. Patients can get this vaccine and all vaccines at the Immunizations Clinic.

We have also developed two new classes. The Fertility Counseling class launched September 2014 and our Contraception class will start November 2014. The Fertility Counseling class focuses on the basics of infertility and the specific services offered at our hospital. There are special considerations for this class so please have that first discussion with your primary care provider (PCM), who can place a referral. The Contraception class will be offered to anyone who is eligible for care by requesting a referral from your PCM. Both classes are offered the third Friday of each month. The Contraception Class starts at 1 pm followed by the Fertility Counseling at 2 pm.

These are just a few examples of how we are working to better serve our patients. Although we are a referral based clinic, do not let that deter you from access to our services. At this time we are not available through Relay Health, but patients can communicate with their PCM through Relay Health as one method to request a referral for services. To enroll in Relay Health sign up at <https://app.relayhealth.com>. If previously enrolled at the members last duty station register for the new location in Guam. Patients should contact their Medical Homeport Team for more information.

Meet OB Clinic Manager:

Lt. Cmdr. Carole Louis, BSN, RNC-OB, Nurse Corps, USN



Education: Baccalaureate in Nursing from Hawaii Pacific University

Time in Service: 18 years

Prior duty stations: USS Cimarron (AO-177), BMC Pearl Harbor, NMC San Diego, USNH Okinawa, and Naval Hospital Jacksonville.

What I love about working in OB/GYN:

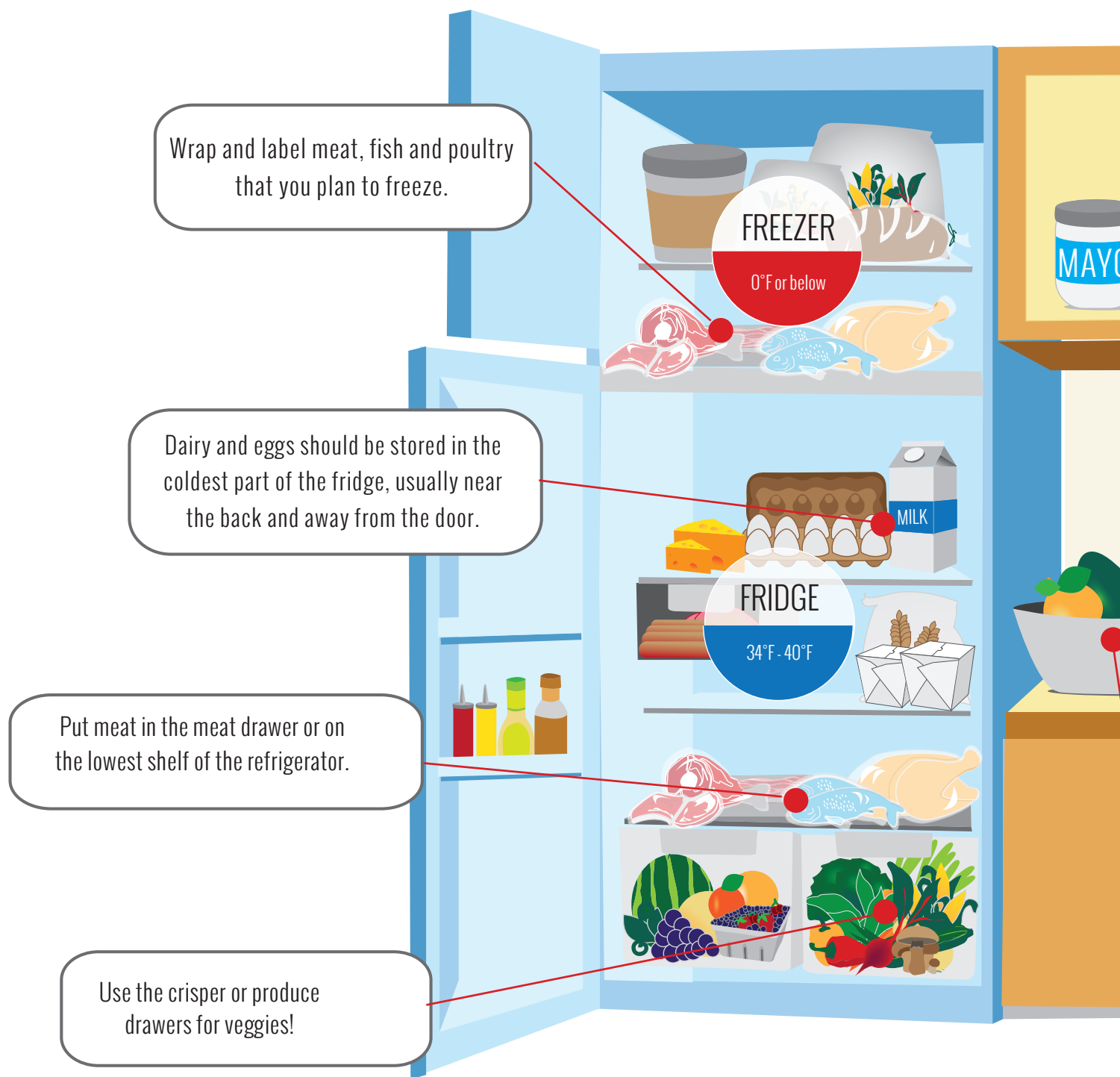
Educating our patient population about health and wellness.

Favorite Quote: "The Lord gave and the Lord has taken away; blessed be the name of the Lord." Job 1:21

FOOD STORAGE SAVVY: YOUR G

First comes shopping, then comes putting food away – but where? Y

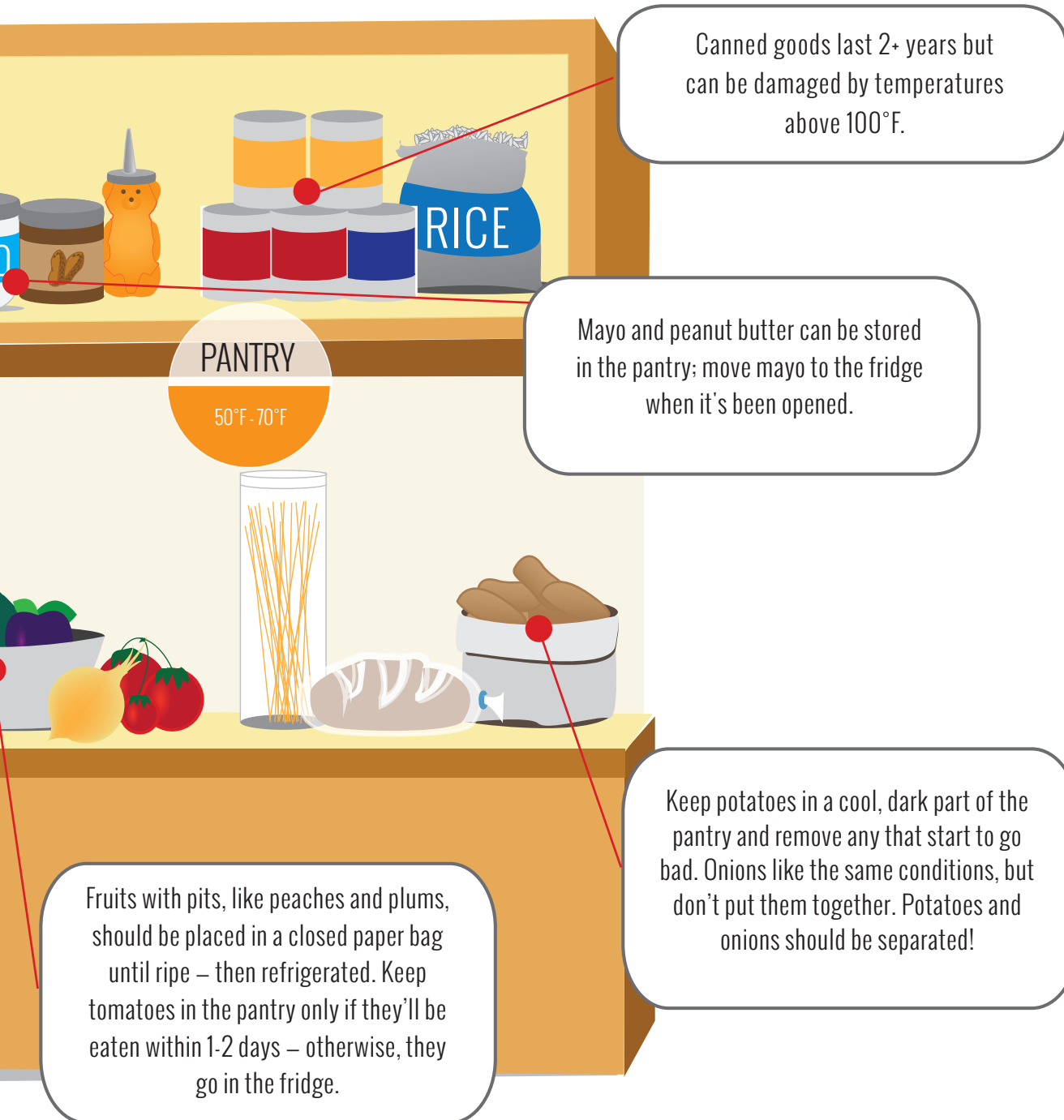
Here's a helpful guide from the Ac



Keep those Thanks

GUIDE TO WHAT GOES WHERE

You may be surprised to learn the best places to store your groceries!
Academy of Nutrition and Dietetics.



giving goodies safe!

Sources:

"Complete Food & Nutrition Guide, Fourth Edition" by Roberta Larson Duyff, MS, RD, FADA, CFCs
"A Guide to What Food Goes Where"; www.eatright.org/foodstorage



Flu Season

By Lt. Paula Volk,
Environmental
Health Officer

Influenza (flu) is a contagious respiratory illness caused by influenza types A or B viruses. The flu is easily spread by airborne respiratory droplets from person to person (often by sneezing or coughing) but can also be transmitted by touching something contaminated with the virus and then touching their mouth, nose, or eyes. Symptoms of infection include fever, muscle aches, headache, malaise, nonproductive cough, sore throat, and runny nose. Most people who get the flu will have mild illness and recover in less than two weeks. Some people may get flu complications resulting in hospitalization and possibly death. Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications.

For all Department of Defense uniformed personnel the flu vaccination is mandatory. Refusal to receive the vaccination constitutes a failure to obey a lawful order and may be punishable under the Uniform Code of Military Justice unless medically or administratively exempt. For Navy Civilian healthcare workers providing direct patient care in DoD medical treatment facilities it is also mandatory. For other Navy civilian personnel it depends upon condition of their employment as it is written in their contract. *Whether it is mandatory or recommended to get the flu vaccine, here are a few misconceptions regarding the vaccination and influenza:*

Misconception #1: The flu vaccination causes the flu.

No, it takes about two weeks after you have been vaccinated for you to be protected. Therefore, if you have been exposed before or any time within that two week window

after you have received the vaccination, you could develop the flu. Furthermore, you could have some side effects, but these are usually mild and go away on their own. Again, the vaccine does not cause the flu.

Misconception #2: I got the vaccination last year, get it again this year. Every year the formulation for the vaccination could and usually changes. It is based on research of the probability for the most likely strains of flu that will circulate i.e. the vaccination formulations are a best guess prediction for each flu season. In 2008 the formula for the flu missed identifying the correct strain that circulated and nearly half of flu cases were from the strain of the virus not covered in the vaccination. That is why every year it is extremely important to get your seasonal flu vaccination.

Misconception #3: I got the flu even though I was vaccinated against it. When the vaccine is well matched to the predicted virus strains, they are 70-90% effective in preventing the flu. However you could still develop the flu and the vaccination will lessen your symptoms and potential for serious complications. Vaccine, which means these do not contain any live influenza virus. The intranasal is sprayed in the nose and is weakened form of the flu virus, but it has been so weakened it cannot give you the flu. Both of these vaccinations have specific requirements, so discuss your concerns and questions with your health care provider to determine which one is best for you. For additional information see the Center for Disease Control and Prevention website: www.cdc.gov/flu

FLU BY NUMBERS

200,000+

hospitalizations from seasonal flu-related complications



VACCINATION



An estimated

58.2%

of Americans **did not** receive a flu vaccination during the 2011/2012 flu season.

5%-20%

of the population, on average, gets the flu in the United States

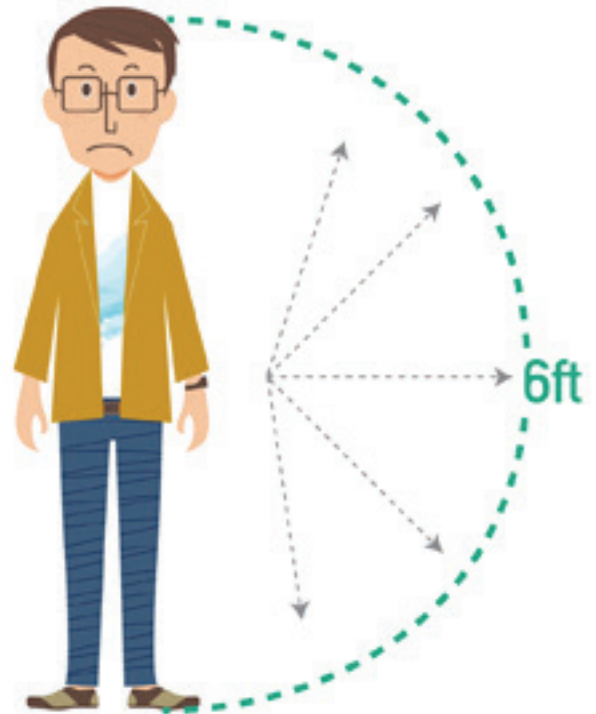
According to the CDC, flu viruses are thought to spread mainly by droplets made when people with flu **cough, sneeze** or **talk**. Less often, a person might also get the flu by touching a surface or object that has flu virus on it and then touching their own mouth or nose.



ANTIVIRAL MEDICINES MAY LESSEN SYMPTOMS AND SHORTEN THE TIME YOU'RE SICK BY 1 OR 2 DAYS.

FLU TRANSMISSION

A droplet from a cough or sneeze can spread to others up to about 6 feet away



THE CDC's "TAKE 3" TO FIGHT THE FLU

1

Take time to get a flu vaccine

2

Take everyday preventive actions to stop the spread of germs

3

Take prescription flu medicines if your doctor prescribes them

Know your FLU

F A C T S

FEVER



ACHES



CHILLS



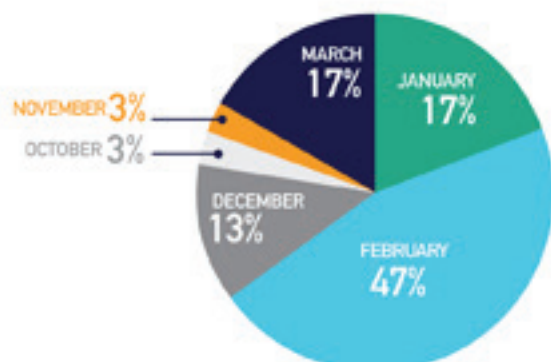
TIREDNESS



SUDDEN ONSET



WHEN FLU HAS PEAKED*



*data from previous 30 years



Career Development Boards

U.S. Naval Hospital Guam Medical Corps Set the Course

In the U.S. Navy the term “Career Development Board” (CDB) is familiar to the enlisted community and some officer communities. However, when it comes to the Medical Corps, which consists of physicians in a variety of specialties, CDB’s are not a requirement and not as well known. Because of the value of these boards, U.S. Naval Hospital Guam has been implementing them for the past year for all communities, including Medical Corps.

According to Cmdr. Tim Quast, an Intensivist at the hospital and CDB champion, a CDB takes a snapshot of where a Medical Officer currently stands and looks at them as if they were going to go in front of a promotion board.

It ensures the member has the right schools and all information required for promotion in their service record. “We have actually stopped people within weeks of their promotion board because they were missing essential items,” said Quast.

The CDB at the hospital consists of two medical officers, one senior (O6) and one midgrade (O5) that have performed both operationally and academically. It also consists of a non-Medical Corps officer, either Nurse Corps or Medical Service Corps, in order to bring in a different perspective.

Continued on next page



(picture left) Lt. Andrew McDermott receives a Career Development Board from Cmdr. Katherine Austin, Obstetrics and Gynaecology Provider; Cmdr. Timothy Quast, Intensivist; Capt. Michael McGinnis, Executive Officer and also Family Practice Physician; Cmdr. Daniel Clark, Nurse Practitioner; and Capt. Michael Thomas, Pathologist.

on the right path. “We try to balance what they want to do career wise with what they need to do for promotion and at the same time we look at all their paper work to ensure everything is in line,” said Quast. “We look three ranks and two duty stations into the future which could equate to 15 years—but the timeline is the most important thing because it gives the officer a good perspective on the time they will have between promotions and opportunities to stand out against their peers.”

Currently, out of the 55 medical officers at the hospital, 35 have received a CDB. “The majority of the officers have told us how much they appreciated them and how they wished they’d had it even earlier in their career,” said Quast who started the CDB’s because he was dissatisfied with the lack of advice he had received throughout his own career. As a prior surface officer, Quast wanted to start a mentorship program. This eventually morphed into the CDB’s. “When we first began, last Thanksgiving, we weren’t exactly sure what we were doing. Now we have an efficient

process in place and our goal is to reach 100% of our medical officers,” he explained.

One of the doctors to receive a CDB is Lt. Cmdr. Michael Kim a Psychiatrist at the hospital. During his CDB the Advanced Medical Dept. Officers Course (AMDOC) was recommended. “I think if an officer is planning on staying in the Navy it is an essential course to take. It is a valuable training for those who want to continue in their career and are really interested in what our leadership is doing,” said Kim. “The purpose of the course is to introduce officers who are moving up in the executive medicine world—the cross roads of where one is going with their career. It provides an overview of Navy Medicine and Bureau of Medicine and Surgery (BUMED) and the entire military. It speaks to what leadership is doing and your personal and professional role. It helps to build leaders and gives you a foundation of where the policies come from and how they are made.”

According to Quast, along with becoming good clinicians, medical officers are expected to take on leadership positions or chair committees. These are things, he said, that help move the enterprise forward outside of their every day job. He also said many of the big decisions they need to make about their career occur during the time a clinician is learning to manage patients on their own and build up their practice. “You’re

CDB cont’d from page 16

Prior to the CDB the participants look at the medical officers service record and also have them fill out a form that addresses the members career aspirations or other pertinent information, for example, if the member is dual military. Members are again asked at the CDB what their career goals are and the CDB participants then help the medical officer understand if they are

Continued on page 22

COMMIT TO **QUIT** GIVE THEM A **CHANCE**

Secondhand smoke impairs a child's ability to learn, and high levels of exposure are associated with **deficits in reading, math and spatial reasoning**



Children who breathe secondhand smoke are at an **increased risk for ear infections**



Children who breathe secondhand smoke are more likely to **suffer from pneumonia, bronchitis, asthma and other lung diseases**



Pets in smoking households have a **60% higher risk of developing lung cancer**



Protect those you love from the dangers of secondhand smoke during the **Great American Smokeout**. Commit to going smoke-free for 24 hours on **November 20, 2014**. Text **MIL** to **47848** and set your quit date today.

Find support for quitting at **UCanQuit2.org**.



QUIT TOBACCO
UCanQuit2.org

You Can Be Free

Let's get ready for the Great American Smoke-out

By Luis Martinez, Health Promotion/Wellness Section, U.S. Naval Hospital Guam

We can generally live for about thirty days without food, about three days without water, but only about three or four minutes without air. It should therefore be no surprise the leading cause of premature death and unnecessary illness in the world involves a behavior that continuously harms the part of our body which processes the substance whose lack for only a few minutes kills us the quickest. In other words, acknowledging the importance of being able to breathe continuously and properly, millions of people unfortunately put their health and lives at risk every day by putting smoke and tar into that part of the body which processes the vital substance we receive when we breathe.

It is for this reason Thursday, November 20th is the *Great American Smoke-out*, the day smokers are asked to give up smoking for just one day. By doing so, then maybe smoking can be given up for

another day, and then maybe another, and then maybe... It's a day to start adding years to lives, reducing illness, and saving money.

U.S. Naval Hospital Guam wants to assist tobacco users get ready for the Smoke-out and to help tobacco users quit whenever they are ready to do so. We offer help over the telephone, through individual counseling sessions, and with tobacco cessation classes: call 344-9124 for assistance. All of our tobacco cessation services are designed to help tobacco users develop strategies for dealing with the three reasons for tobacco use: (1) physical addiction to nicotine, (2) tobacco use habits, and (3) the emotional reasons for tobacco use, (i.e. dealing with stress, boredom, or socializing). For those who wish to obtain help anonymously, the web-link <http://ucanquit2.org/Events/2014/GASO.aspx> provides a variety of cessation information and services.

So consider the Great

American Smoke-out challenge as a way to: increase lung functioning up to 30 % within three months or less, have less fatigue within one to nine months, decrease excess risk of coronary heart disease by half within a year, reduce stroke risk to that of a non-smoker within five to fifteen years, reduce one's lung cancer death rate by half ten years after quitting, and cut in half the risk of coronary heart disease to that of a non-smoker's in fifteen years (see page 9).

The air we breathe is free. We are free to work on ensuring the part of our body which processes this important substance stays in good shape to do so. We are free to give ourselves longer to live and fewer sick days while living. We are free to give our loved ones the added joy of our being around longer and living better. Take advantage of the Great American Smoke-out on November 20th and exercise your freedoms.

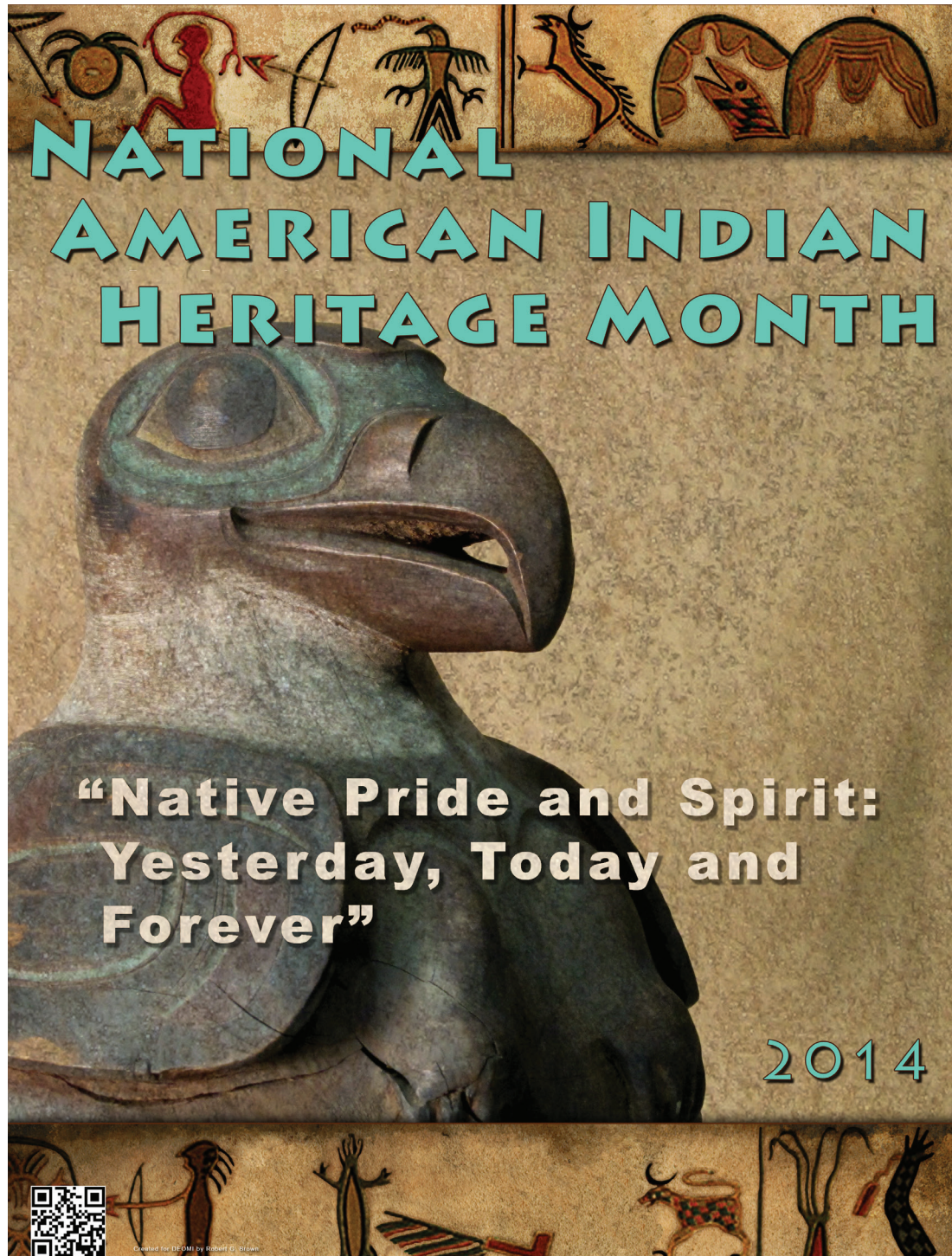
not really thinking about career stuff during your first command because you just pinned on your board certification. Some people think they have all the time in the world but they may not,” he said.

Quast also said CDB's are valuable for the officers reviewing the service record and doing the mentoring

. “Looking at records helps the midgrade officers, who are looking at their own career paths

and promotion, at what to look for in regards to executive medicine and providing advice to junior medical officers,” said Quast. He also believes it provides them the opportunity, for those looking to put in their package for things like Executive Officer, to get to know medical staff from a different perspective.

“Sometimes people are leery when we first mention they go through a CDB,” said Quast. “Once they go through it they often wonder why they hadn't done it sooner.”



The American Indian cultures are known for their rich oral tradition used to share their history, customs, rituals, and legends through vivid narratives. Each time a story was told, it breathed life into their culture, cultivated their verbal language, gave meaning to the tribe's history, and also taught life lessons about leadership and honor.

**Learn more by
going to:** [http://www.
nativeamericanher-
itagemonth.gov/
about/](http://www.nativeamericanheritagemonth.gov/about/)

Plug Into the Facts About E-Cigarettes.

E-HELP OR E-HARM?

THE DEBATE ABOUT E-CIGARETTES CONTINUES.

E-cigarette users think they've found a safe substitute for the real thing. Why wouldn't they? Inhaling vapor from an e-cigarette instead of smoke from burning tobacco seems like a healthier alternative. Plus, with e-cigarettes, they aren't exposing others to the dangers of secondhand smoke.

But are e-cigarettes really safe? E-cigarette makers say so, but they have no scientific data to back their claims. There is no solid information about how these products will affect the health of users now, or in the long run. Many health experts would like to pull the plug on these nicotine devices until the long-term health effects can be studied.

One of the biggest concerns of public health officials is the lack of quality control over the e-cigarette industry. E-cigarettes are not made under the same strict standards as pharmaceutical products such as nicotine inhalers. Tests of several brands showed different amounts of nicotine being delivered. Several brands had wrong, missing, or confusing labels and filled orders with the wrong strength of nicotine.

While some e-cigarette manufacturers claim their products deliver nicotine without the harmful chemicals and toxins in tobacco, the Food and Drug Administration warns that e-cigarettes may contain toxic ingredients.

E-cigarettes pose other health hazards. They have been found to leak liquid nicotine, which can be absorbed through the skin, another possible health issue. Just recently, a Florida man was severely burned when an e-cigarette with a faulty battery exploded in his mouth, knocking out some teeth and destroying a chunk of his tongue.

Additionally, e-cigarettes may actually have the opposite effect on users than intended. E-cigarettes may inspire smokers to keep using nicotine instead of trying to quit. Since e-cigarettes often are allowed in nonsmoking areas, users may have more exposure to nicotine and may expose others to secondhand vapor. And that presents yet other potentially troubling health risks, since no studies have yet confirmed that secondhand vapor is harmless.

Let service members know that the final word on the safety of e-cigarettes isn't out yet. Encourage them to be wary of false and misleading claims. Send them to DoD's tobacco cessation website, <http://www.ucasquit2.org/> to stay tuned in and on top of the latest intelligence on this controversial topic.



WHAT IS AN E-CIGARETTE?

An e-cigarette is designed to look like a tobacco cigarette and comes in a variety of shapes and sizes. It is battery-powered to heat a cartridge of liquid, usually containing nicotine. The heat turns the liquid into a vapor for users to inhale. The first e-cigarettes appeared in China in 2004, and now dozens of e-cigarette products are on the market.

To access any of the campaign resources or order free materials, go to www.ucasquit2.org today!



QUIT TOBACCO.
make everyone proud
www.ucasquit2.org

LEFTOVER IDEAS:

Eve's Tasty Turkey Tetrazzini

SERVES 8

INGREDIENTS:

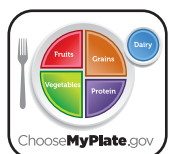
- 8 oz whole-wheat fettuccine, spaghetti, macaroni, or other noodles
- 4 tbsp light butter, unsalted
- 2 cups mushrooms, sliced (fresh or canned)
- 1 tsp dried thyme
- ½ cup all-purpose flour
- 2 cups reduced-sodium chicken broth
- 1½ cups low-fat milk
- 4 cups chopped cooked turkey
- ½ cup slivered almonds, toasted
- 1 cup peas, frozen
- ¼ cup grated Parmesan cheese



INSTRUCTIONS:

1. Preheat oven to 400 °F. Lightly grease a 9x9-inch baking dish.
2. Cook pasta in a large pot of boiling water until tender. (Check cooking time for pasta; remove pasta approximately 2 minutes early.)
3. While pasta is cooking, melt butter in a saucepan over medium heat. Add the mushrooms and thyme. Stir and cook until mushrooms are softened, about 5 minutes.
4. Stir in flour until well blended. (Note: Start with ⅓ cup flour and add more, if needed.)
5. While whisking, slowly add chicken broth and milk. Bring to a boil, reduce heat, and simmer until sauce is thickened and smooth, about 5 minutes.
6. Add toasted almonds, frozen peas, and cooked pasta. Gently mix together. Pour into the baking dish and sprinkle with Parmesan cheese.
7. Bake until the sauce is bubbling and the cheese is golden brown, 25-35 minutes. Let cool 15 minutes before serving.

My Recipe Details (per portion)



Total Calories 342 Calories

Food Groups

Grains	1½ oz
Vegetables	½ cup
Dairy	¼ cup
Protein	2 oz

Nutrient Info

Carbohydrate	35 g
Dietary Fiber	6 g
Saturated Fat	4 g
Cholesterol	64 mg
Sodium	148 mg

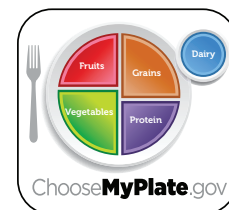
Nutrition analysis by SuperTracker.usda.gov



10 tips

Nutrition Education Series

make healthier holiday choices



10 tips for a healthier holiday

The holidays are often filled with time-honored traditions that include some of our favorite meals and foods. As you celebrate, think of little changes you can make this holiday season to create healthier meals and active days.

1 create MyPlate makeovers

Makeover your favorite holiday dishes. Use My Recipe on SuperTracker to improve holiday recipes and get healthier results. Go to <https://www.supertracker.usda.gov/myrecipe.aspx>.



6 tweak the sweet

For dessert, try baked apples with cinnamon and a sprinkle of sugar instead of apple pie. Invite your guests to make their own parfait with colorful sliced fruit and low-fat yogurt.



2 enjoy all the food groups at your celebration

Prepare whole-grain crackers with hummus as an appetizer; add unsalted nuts and black beans to a green-leaf salad; use low-fat milk instead of heavy cream in your casseroles. Share healthier options during your holiday meal.

7 be the life of the party

Laugh, mingle, dance, and play games. Focus on fun and enjoy the company of others.

3 make sure your protein is lean

Turkey; roast beef; fresh ham; beans; and some types of fish, such as cod or flounder, are lean protein choices. When serving meats, trim away any fat before cooking. Go easy on the sauces and gravies—they can be high in saturated fat and sodium.

8 make exercise a part of the fun

Make being active part of your holiday tradition. Have fun walking and talking with family and friends after a holiday meal. Give gifts that encourage others to practice healthy habits such as workout DVDs, running shoes, and reusable water bottles.



4 cheers to good health

Quench your thirst with low-calorie options. Drink water with lemon or lime slices. Offer seltzer water with a splash of 100% fruit juice.



9 enjoy leftovers

Create delicious new meals with your leftovers. Add turkey to soups or salads. Use extra veggies in omelets, sandwiches, or stews. The possibilities are endless!

5 bake healthier

Use recipes with unsweetened applesauce or mashed ripe bananas instead of butter. Try cutting the amount of sugar listed in recipes in half. Use spices to add flavor such as cinnamon, allspice, or nutmeg instead of salt.



10 give to others

Spend time providing foods or preparing meals for those who may need a little help. Give food to a local food bank or volunteer to serve meals at a shelter during the holiday season.



The background of the image is a dark blue wooden plank wall. Scattered across the upper half of the wall are numerous white, five-pointed stars of varying sizes. At the bottom of the image, there are horizontal wooden planks in alternating red and white colors, creating a striped effect reminiscent of the American flag.

VETERAN'S DAY
NOVEMBER 11TH
LEST WE FORGET